

cases. Congenital TB is suspected based upon clinical examination (hepatosplenomegaly with or without pneumonia), chest skiagrams, microbiological diagnosis and ultrasonology of the abdomen for any hepatic granulomas, particularly in a neonate born to a mother who is suffering from active tuberculosis.

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Pediatric Tuberculosis

I read the recent updated guidelines for pediatric tuberculosis in India with interest, and found them to be informative. However, there may be practical difficulty in evaluating exact weight loss which has been defined as weight loss more than 5% of highest weight recorded in 3 months [1]. Weight loss in terms of percentage can only be defined if previous weight of the child is known. Common presentation of children belonging to rural area is anorexia, fever and complain by parents of weight loss as measured from dress size.

What are suggestions of the authors regarding interval between subsequent repetition of tuberculin sensitivity test as TST is being used as a tool to diagnose pediatric tuberculosis in conjunction with sputum and gastric lavage microscopy along with chest X-ray; every time child presents with unexplained fever, anorexia and weight loss. Should it not be recommended to keep a record of tuberculin sensitivity testing.

Tuberculosis - A Quest Towards Objectivity

I read with interest "updated National Guidelines for pediatric tuberculosis in India, 2012" and appreciate the effort made to clarify certain grey areas of interpretation like weight loss or no weight gain besides presenting the contents as flow diagrams for ready reference [1]. I would like to draw attention to certain points requiring further clarification to enable a clinician to use these guidelines

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REPLY

In response to Kaur, we wish to state that (a) while it is true that the weight records may not be available in many situations but objectively defining these symptoms to cleanly identify disease suspect leads to a better yield as it will improve the performance of the diagnostic algorithm. In the event where the exact weight loss cannot be quantified, one may still investigate for TB if the clinical suspicion is high; (b) prior TST testing, even when repeated, is not considered likely to give rise to false positive reactions.

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practically and effectively in a wider range of situations.

According to figure 1a and 1b, a symptomatic sputum negative patient undergoes chest X-ray and TST. Following this, the possible results would be in six ways as per the outcome of these two investigations.

Chest X-ray can be read as: (a) Highly suggestive of tuberculosis, (b) Non-specific shadows (c) Normal; TST can be read as: (i) Positive, (ii) Negative. Though most of the possible scenarios are dealt with properly, it does not provide an approach for (a+ii) that is highly suggestive XRC and TST negative. Similarly it does not justify the